

**Interstate Common Line Support (ICLS)**  
**2012-2013**

Date June 27, 2012

ICLS

To: Office of Secretary  
Federal Communications Commission  
445 - 12th Street, SW  
Washington, DC 20554

Karen Majcher  
Vice President - High Cost and Low Income Division  
Universal Service Administrative Company  
2000 L Street, NW, Suite 200  
Washington, DC 20036  
[Hccerts@usac.org](mailto:Hccerts@usac.org)

Re: CC Docket No. 96-45  
**Interstate Common Line Support - ICLS**  
Annual Certification Filing

This is to certify that Bush-Tell, Inc.  
will use its **INTERSTATE COMMON LINE SUPPORT - ICLS** only for the provision, maintenance  
and upgrading of facilities and services for which the support is intended.

I am authorized to make this certification on behalf of the company named above. This certification is for the  
study area(s) listed below. (Please enter your Company Name, State and Study Area Code)

ICLS		
Company Name	State	Study Area Code
Bush-Tell, Inc.	Alaska	613004

(If necessary, attach a separate list of additional study areas and check this box.) ☐

Signed,



[Signature of Authorized Representative]

Date: 06-27-2012

W. Douglas DeVore

[Printed Name of Authorized Representative]

V.P./Asst. Gen. Mgr.

[Title of Authorized Representative]

Carrier's Name:  
Carrier's Address:  
Carrier's Telephone Number:

Date Received  
(For official use only)

USAC

FCC Form 508  
Interstate Common Line Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

FCC Form 508  
OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

<b>Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier</b>			
<p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Interstate Common Line Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Interstate Common Line Support Mechanism projected annual common line revenue requirement information provided to the authorized agent is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u>			
Name of Reporting Carrier <u>Bush-Tell, Inc.</u>			
Signature of authorized officer or employee <u>W. Douglas DeVore</u>			Date <u>06-27-2012</u>
Printed name of authorized officer or employee <u>W. Douglas DeVore</u>			
Title or position of authorized officer or employee <u>V.P./Asst. Gen. Mgr.</u>			
Telephone number of authorized officer or employee: <u>( 907 ) 675 - 4311, ext.</u>			
613004			
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)	6/30/2012
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			